

July, 2001

### **Comments of the American Chemistry Council Carbon Disulfide Panel**

The Carbon Disulfide Panel of the American Chemistry Council submitted comments in response to the notice regarding the prioritization of the Toxic Air Contaminants (TACs) for the California Children's Environmental Health Protection Act (SB25) in a letter dated July 13, 2001.

**Comment 1:** The Panel supports OEHHA's reliance on the benchmark concentration (BMC) methodology used by the United States Environmental Protection Agency (EPA) and Environment/ Health Canada (E/H Canada) in determining the chronic REL. OEHHA should use methods and assumptions equivalent to those used by EPA in calculating the BMC (in the course of calculating the reference concentration (RfC) for carbon disulfide).

**Response 1:** An early draft of a carbon disulfide chronic REL summary was presented for comment as part of the Hot Spots program's Technical Support Documents. This evaluation has not yet been completed, but OEHHA will invite public comment on a revised draft carbon disulfide REL some time in the future. OEHHA appreciates the Carbon Disulfide Panel's comments about the determination of a chronic reference exposure (REL) for carbon disulfide, which will be reviewed during the preparation of that revised draft. However, we wish to emphasize that this is a separate process from OEHHA's work for the Children's Environmental Health Protection Act. It does not appear to OEHHA that any of the material submitted has a bearing on the issue of possible differential susceptibility of infants and children to the toxicity of carbon disulfide, which was the issue presented in the prioritization document currently under consideration by the Scientific Review Panel.

**Comment 2:** OEHHA should not use certain of the procedures and assumptions E/H Canada used in calculating the BMC for purposes of determining the Tolerable Concentration (TC). E/H Canada's methodology for calculating the BMC would be appropriate, only if the appropriate assumptions regarding the percentile limit that defines "abnormal" in the control population and the percentage assumed for determining the benchmark response for peroneal motor nerve conduction velocity are made.

**Response 2:** See response to Comment 1.

**Comment 3:** OEHHA should apply no more than an overall 15-fold uncertainty factor in establishing the chronic REL from the BMC, which is smaller than that used by EPA and considerably smaller than that used by E/H Canada in their calculations of the reference dose (RfD) and the TC, respectively, for carbon disulfide.

**Response 3:** See response to Comment 1.